| DATENT ADD | ICATION EEE | DETERMINATION | BECORD |
|-------------|--------------|-----------------|---------|
| PAIENI APPI | LICATION FEE | : DETERMINATION | INCCURD |

Effective December 29, 1999

Application or Docket Number

09/583528

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | SMALL ENTITY TYPE (2) | | OTHER THAN OR SMALL ENTITY | | | |
|--|-------------|--|---------------------|---|-----------------------|-----------------|---|--------|---------------------|------------------------|
| FOR NUMBER FILED | | NUMBER EXTRA | | RATE | FEE | [| RATE | FEE | | |
| BASIC FEE | | | | 4 | 345.00 | OR | | 690.00 | | |
| TOTAL CLAIMS minus 20= | | | | X\$ 9= | | OR | X\$18= | | | |
| INDEPENDENT CLAIMS 3 = | | | | | X39= | | OR | X78≂ | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | +130= | : | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTA | | OR | TOTAL | 690 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMAL | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | |
| | See MESS | CLAIMS | | HIGHEST | | | ADDI- | 1 | | ADDI- |
| AMENDMENT A | | REMAINING AFTER AMENDMEN | 200 | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | | RATE | TIONAL FEE |
| | Total | . 1/: | | . 20 | = 0 | X\$ 9= | | OR | X\$18= | |
| AME | Independent | • 3 | | *** 3 | = 0 | X39= | | OR | X78= | |
| | FIRST PRESE | NIATION OF | MULTIPLE DEPE | NDENT CLAIM | | +130= | = | OR | +260= | |
| | • | | • | | | TOT ADDIT, F | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1 | | ADDIT. F | | | 7,0011.1 22 | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMEN | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Ş | Total | . 9 | Minus | 20 | = 0 | X\$ 9: | = | OR | X\$18= | |
| AMENDMENT | Independent | • 3 | Minus MULTIPLE DEPE | *** 3 | = 0 | X39= | | OR | X78= | |
| \vdash | FIRST PRESE | INTATION OF | MOLITE DEFE | NDENT CLAIN | | +130: | = | OR | +260= | |
| | | · , | | | | TOT ADDIT. F | - 2 | OR | TOTAL ADDIT. FEE | |
| - | | (Column 1 |) | | | | | | | |
| ENT C | c ser | CLAIMS REMAINING AFTER AMENDMEN | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | • | Minus | ** | = | X\$ 9: | = · | OR | X\$18= | |
| | Independent | • | Minus | *** | = | X39= | | 1 | X78= | |
| Ľ | FIRST PRESE | NTATION OF | MULTIPLE DEPE | NDENT CLAIN | 1 | l | _ | OR | | |
| | | 414 | | m G4= 50# != - | olumo 2 | +130 | | OR | +260= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |